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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45187** **(4)**

1. Corporation Name

LIBERTY SINGERS, INC.

Principal Place of Business	Mailing Address
1601 W. MARION AVENUE SUITE 106 PUNTA GORDA FL 33950 US	LANG, WRETHA 38492 WASHINGTON LOOP ROAD PUNTA GORDA FL 33982-9557 US

3. Date Incorporated or Qualified: **09/18/1991**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number: **65-0362932** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANG, WRETHA
38492 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	MAEL, MARGARET		1.2 NAME	LANG WRETHA	
STREET ADDRESS	23094 ~~WOTH~~ AVENUE WORTH		1.3 STREET ADDRESS	38492 Washington Loop Road	
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	Punta Gorda, Fla 33982	
TITLE	DT	☒ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	HORN, MYRTLE		2.2 NAME	MAEL, JEFFREY	
STREET ADDRESS	2764 CABARET STREET		2.3 STREET ADDRESS	23094 Worth Avenue 33952	
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	Port Charlote, Fla	
TITLE	~~DS~~ DT	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	GOFF, DONNA		3.2 NAME	HAZELTIME, BECKY	
STREET ADDRESS	POST OFFICE BOX 1235		3.3 STREET ADDRESS	20456 Vanguard Ter	
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP	Port Charlotte, Fla 33952	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	HAZELDINE, MICHAEL D.		4.2 NAME	Joan Flynn	
STREET ADDRESS	20456 VANGUARD TER.		4.3 STREET ADDRESS	25456 Rancaqua St	
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-ST-ZIP	Port Charlotte, Fla 33983	
TITLE	D S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TEZA, JEANETTE M		5.2 NAME		
STREET ADDRESS	1181 DEWHURST STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRADBURN, JAMES		6.2 NAME		
STREET ADDRESS	1355 NAVIGATOR ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 5/9/97